



Pacific

central PHO

Cultural Guidelines



This booklet provides guidelines for working with Pacific people in primary health care. It will contribute to providing services that are responsive to the rights, needs and interests of our Pacific communities. This guideline is founded on Pacific values and perspectives, cultural protocols, and views of health. It outlines key principles of Pacific protocols and provides practical guidelines and processes for all health providers to follow, in settings ranging from greeting your Pacific patient, patient involvement and consultation, and the cultural and spiritual safety of the patient. Central to this guideline is the expectation that both users of health services and health providers are treated with dignity and respect.

Our Pacific Community

Our Pacific community is a diverse and dynamic population with more than 22 nations represented in New Zealand, each with their own unique culture, language, history, and health status. However, they do share many similarities, which we have shared with you here in order to help you work with Pacific patients more effectively. The main Pacific nations in New Zealand are: Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau, and Tuvalu.

Pacific people on average have poorer health status compared to people of other ethnic groups:

- ✗ Life expectancy of Pacific people is less than 65 years
- ✗ Nearly 25% of our enrolled Pacific population live in deprivation areas 5-10
- ✗ Incidence of diabetes is twice that of NZ Europeans
- ✗ Pacific people have a lower rate of accessing primary health care services and mental health services compared to other ethnicities

We have over 3,000 Pacific patients in Otaki, Horowhenua, Manawatu and Taranaki. Approximately 40% of those enrolled are under 25 years of age, making it a young population.

Cultural Competence Standards

Cultural competence is everyone's responsibility and is part of providing a quality service. The Medical Council of New Zealand has defined cultural competence as follows:

“Cultural competence requires an awareness of cultural diversity and the ability to function effectively and respectfully, when working with and treating people of different cultural backgrounds. Cultural competence means a doctor has the attitudes, skills and knowledge needed to achieve this.

A culturally competent doctor will acknowledge:

- ✗ That New Zealand has a culturally diverse population
- ✗ That a doctor's cultural and belief systems influence his or her interactions with patients and accepts this may impact on the doctor-patient relationship
- ✗ That a positive patient outcome is achieved when a doctor and patient have mutual respect and understanding”

The Health Practitioners Competence Assurance Act 2003 requires registration authorities to set standards of cultural competence, review and maintain the competence of health practitioners and set standards to ensure ongoing competence. In the Health and Disability Code of Rights, Right 1(3) states ‘every consumer has the right to be provided with services that take into account the needs, values, and beliefs of different cultural, religious, social and ethnic groups’

A Pacific Model of Health: The Fonofale Model

The **Fonofale model** was created by Fuimaono Karl Pulotu-Endemann as a Pacific Island model of health for use in the New Zealand context, and is named after his maternal grandmother Fonofale. This model can help us understand and treat our Pacific people in a more holistic, safe and effective manner.



The Roof: Culture

The roof represents cultural values and beliefs that are the shelter for life. These can include beliefs in traditional methods of healing as well as western methods. Culture is dynamic and therefore constantly evolving and adapting. In some Pacific families, the culture of that particular family comprises a traditional Pacific Island cultural orientation where its members live and practise the particular Pacific Island cultural identity of that group. Some families may lean towards a Palagi orientation where those particular family members practise the Palagi values and beliefs. Other families may live their lives in a continuum that stretches from a traditional orientation to an adapted Palagi cultural orientation.

The Foundation: Family

The foundation of the Fonofale represents the family, which is the foundation for all Pacific Island cultures. The family can be a nuclear family as well as an extended family and forms the fundamental basis of Pacific Island social organisation.

The Pou

Between the roof and the foundation are the four pou, or posts. These pou not only connect the culture and the family but are also continuous and interactive with each other. The pou are:

Spiritual this dimension relates to the sense of wellbeing which stems from a belief system that includes either Christianity or traditional spirituality relating to nature, language, beliefs and history, or a combination of both.

Physical this dimension relates to biological or physical wellbeing. It is the relationship of the body to physical or organic substances such as food, water, air, and medications that can have either positive or negative impacts on the physical wellbeing.

Mental this dimension relates to the health of the mind, which involves thinking and emotion as well as behaviours expressed.

Other this dimension relates to variables that can directly or indirectly affect health such as, but not limited to, gender, sexual orientation, age, social class, employment and educational status.

The fale is encapsulated in a cocoon whose dimensions have direct or indirect influence on one another. These dimensions are:

Environment this dimension addresses the relationships and uniqueness of Pacific people to their physical environment. The environment may be a rural or an urban setting.

Time this dimension relates to the actual or specific time in history that impacts on Pacific people.

Context this dimension relates to the where/how/what and the meaning it has for that particular person or people. The context can be in relation to Pacific Island-reared people or New Zealand-reared people. Other contexts include politics and socio-economics.

There are many other Pacific models of health, including **Te Vaka Afataga** (Tokelauan), **Fonua** (Tongan), and the **Pandanus Mat model**, which may be more appropriate or may strengthen your treatment and relationship with your Pacific patient. Contact your PHO for more information about other Pacific models of health.

Pacific Cultural Protocols

Each Pacific culture has its own unique culture, language, history, and health needs. Please note that the following points are general guidelines for working with Pacific patients, and if you require further guidance please ask your patient.

- ✗ It is respectful to keep lower than someone more senior, which means they may sit as soon as possible when entering a room, and speak to superiors (such as a doctors/nurses) from a seated position
- ✗ If you visit a client at their home or hospital while they are lying in bed or sitting in a chair, it is respectful to seat yourself first before starting your conversation with a client.
- ✗ For many Pacific cultures it is inappropriate to touch anyone on the head, so please ask permission if you need to touch your patient anywhere on the head during a consultation
- ✗ Be aware of using double negatives in questions during consultations which may be confusing, such as “you don’t want that, do you?”
- ✗ Pacific children tend to defer to their parents when asked questions, and in many instances parents will answer for their children. When asking questions of the child you may need to explain to the parent why you need the child to reply.

TAPU AND PACIFIC PEOPLES

The concept of tapu is about ensuring cultural safety, and enabling culturally safe practices for Pacific peoples; each Pacific culture has their own understanding of tapu and what it means to them. Some illness, especially mental illness, is believed to be the result of a breach in tapu, and you will need cultural advice if a patient believes an illness is the result of a breach of tapu.

Greetings

- ✗ The face of the medical practice is the reception. The reception is often the first person the patient sees and the first contact the patient has with your primary care team. Using a welcome phrase like ‘**Talofa**’, ‘**Kia Orana**’, other Pacific language greetings, or simply ‘**Welcome**’ will enhance a sense of welcome.
- ✗ Having an environment that supports and promotes Pacific people, such as having Pacific related images, information, and reading materials, will help them feel accepted and part of the community.

PRONOUNCING NAMES

Keith Tarsau, Service Manager and Health Promotion Advisor for the Horowhenua team in Central PHO, has had his name mispronounced many times over the years, which he says is understandable but not acceptable and can be corrected. It is important to pronounce your Pacific patient’s name properly, so ask for help with pronunciation and spelling if you are unsure.

Building Relationships with your Pacific Patient

- ✗ Doctors, nurses and the reception team should introduce themselves and explain their role.
- ✗ Ensure that information is delivered clearly and in terms the patient and their family will understand.
- ✗ Where possible, provide information in Pacific languages.
- ✗ Where appropriate, ensure that patients are offered an interpreter or made aware of the right to have an interpreter. If one is required arrangements should be made before the patient is expected to visit.
- ✗ Ensure that Outreach nursing services and healthy lifestyle support are part of the care available to the patient and family.
- ✗ As a practitioner, ensure you are professionally dressed, e.g. no revealing clothing, short skirts etc.

RECORDING PATIENT DETAILS ACCURATELY IN INFORMATION SYSTEMS

Take time to find out your Pacific patient's ethnicity and other personal details and record this information accurately on their patient notes. This is essential not only for contacting your patient for changing appointments, following up on test results and organising further treatment, but also in the case of ensuring your patients are receiving culturally appropriate care. In one case, a Samoan interpreter had been asked to translate for a Tongan client. This was not only embarrassing for the interpreter but also for the practice.



During Assessments

- ✗ Ensure that there are separate linen items for use for the head and for other parts of the body, such as separate pillows to use for the head.
- ✗ If valuables/heirlooms need to be removed during a consultation or procedure, ask the patient if this is ok and provide a place to store the item during this time.
- ✗ Many Pacific people tend to agree with people in authority, including doctors and nurses, even when they may not agree or have understood the question. They will often say what the listener expects to hear. Double check that the patient and family understand what has been discussed by getting them to repeat any instructions given to them, for example for medication usage.
- ✗ For Pacific patients who speak English as a second language, it may take them up to 90 seconds to interpret the question into the language that they think with, and then formulate a reply. Resist the temptation to interpret the silence as non-understanding, and repeat questions. Talking with patients will get you positive results; talking over them is considered arrogant and will result in poor outcomes.

PATIENT CONFIDENTIALITY

Ensure your patient's privacy and dignity is protected when doing assessments, and that confidentiality is maintained during the gathering, collection and storage of information received in the course of the consultation, treatment and referral processes.

Family Support

- ✗ The family is central to Pacific people, and they should be encouraged and supported to be involved in treatment and decision-making processes
- ✗ If the patient seems shy or reluctant to talk, offer them options such as including the appropriate family member(s) in the discussion (If not sure, please ask who would be best to speak to).
- ✗ Your patient may wish to nominate a person to speak on their behalf. This may happen when a patient is receiving palliative care in the home.
- ✗ Doctors and nurses should give serious consideration to family members who wish to be present during a consultation/procedure
- ✗ Family will want to be present when death is expected and/or imminent.

Religion (Prayer/Blessings)

- ✗ Be open to the offering of prayer before, during or at the end of a consultation.
- ✗ Allow time for prayer if you know this is needed (the doctor/nurse may not need to be present during this time)
- ✗ If a procedure is to be done or bad news is to be given during a consultation, encourage family support to be present and ask if the patient would like to start with a prayer
- ✗ Prayer should not be interrupted unless the physical care of the patient is compromised

Traditional Pacific Healing

- ✗ Traditional healers have provided care and treatment before European contact, and traditional healing practices are often a first line treatment option for Pacific people before considering going to the family doctor.
- ✗ Be aware that if your Pacific patient is engaging in traditional Pacific healing methods, they may not disclose this. This could impact on the care being provided in primary care. Respect the importance Pacific people place on the use of traditional healing methods during care, but keep them fully informed of the possible implications of stopping prescribed treatments.
- ✗ Be open to negotiating, documenting and working collaboratively with Pacific healers, patients and their family regarding the use of traditional Pacific healing methods

Hospital

- ✗ If it is a planned admission, ensure that the patient and their family have all the relevant information needed about their primary care, e.g. Care Plus folder, list of medications, GP's name and practice records.
- ✗ If the patient will not be able to communicate encourage them to nominate a spokesperson to speak on their behalf and advise hospital staff on admission.
- ✗ If the removal, retention, return or disposal of body parts and/or tissue and/or substances is required, ensure the family is involved in and understands the hospital processes.
- ✗ If an autopsy is required, take time to explain the process involved going into hospital to the patient and family. This will alleviate any unnecessary worry.

Home Visits to your Pacific Patient

- ✕ Remember that you are a guest in your patient's home, and will be honoured as such.
- ✕ If there are shoes at the front door, take your shoes off as well (unless your safety is compromised).
- ✕ Acknowledge others in the home with a simple greeting in English, or in their Pacific language.
- ✕ Ensure to attempt to pronounce Pacific names correctly and ask when unsure. Endeavour to use the preferred name of the patient.
- ✕ It is considered polite to accept food and drink offered in the home. Offer a simple explanation if you decline this, e.g. "I have just had something to eat and drink before coming. Thank you very much."
- ✕ It is polite to sit first before starting the conversation, standing or walking while eating or talking can be seen as inappropriate. If you have to pass in front of someone it is polite to bow forward and say 'tulou' or 'turu', or 'excuse me' if you do not know what the word is.
- ✕ Be aware that if death is expected or pending, your patient may prefer for care in the home. You will be guided by the family as to cultural and spiritual proceedings, and if you are unsure ask the family for guidance.

BEING PREPARED

Be very clear as to the nature of the visit and the outcomes that you expect from this by making thorough preparation before visiting; know your information, inform your patient at least one week before the visit and again 1-2 days before the day, ensure the patient has support systems in place at the time of the visit such as interpreters/family, and familiarise yourself with the protocols expected in the home.

Projects and Research Involving Pacific Data

- ✕ Any project or research involving Pacific communities should have a positive aim, e.g. improving Pacific health outcomes. Ensure that they are active partners in the project, and that their needs and aspirations are taken into account and their rights protected at all stages of the project.
- ✕ Informed consent (written and verbal) must be sought from Pacific participants and family involved in the project or research. This includes requests for body parts, tissue and substances (including genetic material) to be collected for research purposes.
- ✕ Participants in the project or research will be informed of the outcomes in a meaningful way.
- ✕ Link in to appropriate Pacific research teams to support your research and ensure cultural safety during the project.
- ✕ Pacific staff in your practice, team, or PHO may provide further guidance if needed.



Developing your Pacific Cultural Knowledge

Contact your Locality Team for more information on training opportunities to develop your Pacific cultural knowledge.

Manawatu Team

Phone (06) 354 9107

Horowhenua Team

Phone (06) 367 6433

Otaki Team

Phone (06) 364 8291

Tararua Team

Phone (06) 376 8860

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